

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: left;"> <p><b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)</p> </div> <div style="text-align: right;"> <p>SERIAL NO. <u>10/069886</u></p> <p>APPLICANT(S) _____</p> </div> <div style="text-align: right;"> <p>FILING DATE _____</p> </div> </div>						
CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7					
TOTAL DEP.	23					
TOTAL CLAIMS	30					

  

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